

12.3.138 v.4  
9-24-92



# LONGVIEW FIBRE COMPANY

5901 EAST MARGINAL WAY SOUTH  
P.O. BOX 24867  
SEATTLE, WASHINGTON 98124  
206-762-7170

## **FAX COVER LETTER** **(206)-767-2442**

Date: 9-24-92

From: N.S. Buckholz

To: Dave Mendenhall

Company: \_\_\_\_\_

Total number of pages 3 including the cover letter.  
Please ( ) do ( ) do not call to confirm receipt.

If you do not receive all of the pages, please contact us at 762-7170.

SUBJECT: \_\_\_\_\_

MESSAGE: Dave, I have not mailed in yet

in case we wanted to add something

NSB

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LFC001938



**NOTICE OF INTENT**  
For  
**Baseline General Permit to Discharge**  
**Stormwater Associated with Industrial Activity**

Mark only one item

1. ☒ Existing Facility
  2. ☐ New Facility
  3. ☐ Construction Activity
  4. ☐ Change of Information
- Permit No. \_\_\_\_\_

**I. OPERATOR or CONTRACTOR**

Name	<u>LONGUEW FIBRE COMPANY</u>
Mailing Address	<u>P.O. Box 24867</u>
City	<u>SEATTLE</u>
Zip + 4	<u>98124</u>
Contact Person	<u>NORMAN BUCKHOLZ</u>
Phone #	<u>(206) 762-7170</u>

**II. OWNER/REPRESENTATIVE OF SITE OR FACILITY**

Name	<u>LONGUEW FIBRE COMPANY</u>
Mailing Address	<u>P.O. Box 639</u>
City	<u>LONGUEW</u>
Zip + 4	<u>98632</u>
Contact Person	<u>DAVID HENDENHALL</u>
Phone #	<u>(206) 425-1550</u>

**III. FACILITY/SITE ADDRESS**

Facility Name	<u>LONGUEW FIBRE COMPANY</u>
Street Address	<u>5901 EAST MARGINAL WAY SOUTH</u>
City	<u>SEATTLE</u>
Zip + 4	<u>98134</u>
Phone #	<u>206-762-7170</u>
County	<u>KING</u>

**IV. BILLING ADDRESS:**

<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator	<input type="checkbox"/> Facility/Site <input type="checkbox"/> Other (below)
Name	<u>LONGUEW FIBRE COMPANY</u>
Address	<u>P.O. Box 3000</u>
City	<u>LONGUEW</u>
Zip + 4	<u>98632</u>
Phone #	<u>206(425-1550)</u>

**V. RECEIVING WATER INFORMATION**

A. Does your facility's storm water discharge to: (check all that apply)

1. ☒ Storm sewer system—Owner of storm sewer system (name): METRO (SEATTLE)
2. ☐ Directly to surface waters of Washington state (e.g., river, lake, creek, estuary, ocean)
3. ☐ Indirectly to waters of Washington state
4. ☐ Directly to ground waters of Washington state: ☐ dry well ☐ drainfield ☒ other

B. Name(s) of receiving water(s): PARTIAL, METRO /

Initial discharge is to an unnamed receiving water? ☐ Yes ☐ No

**VI. INDUSTRIAL ACTIVITY INFORMATION**

A. SIC Code(s) 1. <u>2653</u> 2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	B. Type of business _____
C. Industrial activities at facility: (check all that apply)	
1. <input checked="" type="checkbox"/> Manufacturing 2. <input checked="" type="checkbox"/> Material Handling 3. <input checked="" type="checkbox"/> Material Storage 4. <input type="checkbox"/> Hazardous Waste Treatment, Storage, or Disposal Facility (RCRA Subtitle C)	5. <input type="checkbox"/> Vehicle Storage 6. <input type="checkbox"/> Vehicle Maintenance 7. <input type="checkbox"/> Municipal Sewage Treatment 8. <input type="checkbox"/> Steam Electric Power Generation 9. <input type="checkbox"/> Scrapyard, salvage, auto recycling, battery reclaimer 10. <input type="checkbox"/> Landfill or Land Application 11. <input type="checkbox"/> Mining 12. <input type="checkbox"/> Other

D. Additional Information:	Industrial Facility	Construction Activity
1. Total size of site, acres		
2. Total impervious area (including rooftops), acres		
3. Total area to be disturbed, acres		
4. Projected construction startup and completion dates (Month, Year)		
5. Has a storm water pollution prevention plan been developed? Yes/No		
6. Are storm water discharge data available? Yes/No		
7. Are data available on impact of storm water on water quality or sediments? Yes/No		

## VII. MATERIAL HANDLING/MANAGEMENT PRACTICES

A. Types of materials handled and/or stored outdoors: (check all that apply)		
1. <input checked="" type="checkbox"/> Solvents	4. <input type="checkbox"/> Plating Products	8. <input checked="" type="checkbox"/> Paints/Coatings
2. <input checked="" type="checkbox"/> Scrap Metal	5. <input type="checkbox"/> Pesticides	9. <input type="checkbox"/> Woodtreating Products
3. <input checked="" type="checkbox"/> Petroleum or Petrochemical Products	6. <input type="checkbox"/> Hazardous Wastes	10. <input type="checkbox"/> Other Toxics (Please list)
	7. <input checked="" type="checkbox"/> Acids or Alkalies	
B. Identify existing management practices employed to reduce pollutants in industrial storm water discharges: (check all that apply)		
1. <input type="checkbox"/> Oil/Water Separator	4. <input type="checkbox"/> Surface Leachate Collection	8. <input type="checkbox"/> Infiltration Basins
2. <input type="checkbox"/> Containment	5. <input type="checkbox"/> Overhead Coverage	9. <input type="checkbox"/> Management BMPs
3. <input checked="" type="checkbox"/> Spill Prevention	6. <input type="checkbox"/> Recycling/Source Reduction	10. <input type="checkbox"/> Vegetation Management
	7. <input type="checkbox"/> Detention Facilities	11. <input type="checkbox"/> Other (Please list)

## VIII. REGULATORY STATUS (check all that apply)

A. <input type="checkbox"/> NPDES Permit Permit No. _____	C. <input type="checkbox"/> Air Notice of Construction, Permit, or Order Agency: _____
B. <input type="checkbox"/> State Waste Discharge Permit Permit No. _____	D. <input checked="" type="checkbox"/> RCRA Permit Permit No. <u>WAD 009282161</u>

## IX. STATE ENVIRONMENTAL POLICY ACT (SEPA)

Has SEPA review been completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Lead agency issuing SEPA document: _____	
Type of SEPA document: _____	Date of SEPA document: _____

## X. CERTIFICATION OF PERMITTEE(S)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

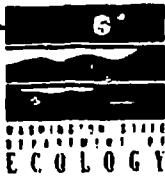
For new industrial facilities and for construction activities:

"I also certify that the public notice requirements of RCW 90.48.170 have been met."

Operator's Printed Name: NORMAN BUCKHOLZ Owner's Printed Name: David Mendenhall  
 Signature: Norman Buckholz Signature: David Mendenhall  
 Title: Plant Manager Date 9-23-92 Title: Rel. Engineer Date 9/17/92

STATE USE ONLY:

NPDES Permit Number	Region	Date NOI Received	Coverage Date
	<input type="checkbox"/>		



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Mark only one item

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2. ☐ New Facility
3. ☐ Construction Activity
4. ☐ Change of Information

Permit No. \_\_\_\_\_

**I. OPERATOR or CONTRACTOR**

Name <u>Longview Fibre Company</u>	
Mailing Address <u>P.O. Box 24847</u>	
City <u>Seattle</u>	Zip + 4 <u>98124</u>
Contact Person <u>Norman Buckholz</u>	Phone # <u>(206) 762-7170</u>

**II. OWNER/REPRESENTATIVE OF SITE OR FACILITY**

Name <u>Longview Fibre Company</u>	
Mailing Address <u>P.O. Box 639</u>	
City <u>Longview</u>	Zip + 4 <u>98632</u>
Contact Person <u>David Mendenhall</u>	Phone # <u>(206) 425-1550</u>

**III. FACILITY/SITE ADDRESS**

Facility Name		
Street Address <u>5901 East Marginal Way South</u>		
City <u>Seattle</u>	Zip + 4 <u>98134</u>	Phone # <u>(206) 762-7170</u>
County <u>King</u>		

**IV. BILLING ADDRESS:**

<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Operator	<input type="checkbox"/> Facility/Site <input type="checkbox"/> Other (below)	
Name <u>Longview Fibre Company</u>		
Address <u>P.O. Box 3000</u>		
City <u>Longview</u>	Zip + 4 <u>98632</u>	Phone # <u>(206) 425-1550</u>

**V. RECEIVING WATER INFORMATION**

A. Does your facility's storm water discharge to: (check all that apply)

1. ☒ Storm sewer system—Owner of storm sewer system (name): Metro (Seattle)
2. ☐ Directly to surface waters of Washington state (e.g., river, lake, creek, estuary, ocean)
3. ☐ Indirectly to waters of Washington state
4. ☐ Directly to ground waters of Washington state: ☐ dry well ☐ drainfield ☐ other

B. Name(s) of receiving water(s): \_\_\_\_\_

Initial discharge is to an unnamed receiving water? ☐ Yes ☐ No

**VI. INDUSTRIAL ACTIVITY INFORMATION**

A. SIC Code(s) 1. <u>2653</u> 2. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 4. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		B. Type of business _____	
C. Industrial activities at facility: (check all that apply)			
1. <input checked="" type="checkbox"/> Manufacturing	5. <input type="checkbox"/> Vehicle Storage	8. <input type="checkbox"/> Steam Electric Power Generation	
2. <input type="checkbox"/> Material Handling	6. <input type="checkbox"/> Vehicle Maintenance	9. <input type="checkbox"/> Scrapyard, salvage, auto recycling, battery reclaimer	
3. <input type="checkbox"/> Material Storage	7. <input type="checkbox"/> Municipal Sewage Treatment	10. <input type="checkbox"/> Landfill or Land Application	
4. <input type="checkbox"/> Hazardous Waste Treatment, Storage, or Disposal Facility (RCRA Subtitle C)		11. <input type="checkbox"/> Mining	
		12. <input type="checkbox"/> Other	

D. Additional Information:	Industrial Facility	Construction Activity
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	7. <input type="checkbox"/> Detention Facilities	11. <input type="checkbox"/> Other (Please list)

## VIII. REGULATORY STATUS (check all that apply)

A. <input type="checkbox"/> NPDES Permit Permit No. <u>Don't have so.</u>	C. <input type="checkbox"/> Air Notice of Construction, Permit, or Order Agency: _____
B. <input type="checkbox"/> State Waste Discharge Permit Permit No. _____	D. <input checked="" type="checkbox"/> RCRA Permit Permit No. <u>WAD 009282161</u>

## IX. STATE ENVIRONMENTAL POLICY ACT (SEPA)

Has SEPA review been completed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

For new industrial facilities and for construction activities:

"I also certify that the public notice requirements of RCW 90.48.170 have been met."

Operator's Printed Name: Norm Buckholz

Owner's Printed Name: David Mandelhall

Signature: N.S. Buckholz

Signature: \_\_\_\_\_

Title: Plant Manager Date: 9-23-92

Title: Team Engineer Date: \_\_\_\_\_

### STATE USE ONLY:

NPDES Permit Number	Region	Date NOI Received	Coverage Date
	<input type="checkbox"/>		



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Permit No. \_\_\_\_\_

**I. OPERATOR or CONTRACTOR**

Name	
Mailing Address	
City	Zip + 4
Contact Person	Phone #

**II. OWNER/REPRESENTATIVE OF SITE OR FACILITY**

Name	
Mailing Address	
City	Zip + 4
Contact Person	Phone #

**III. FACILITY/SITE ADDRESS**

Facility Name	
Street Address	
City	Zip + 4 Phone #
County	

**IV. BILLING ADDRESS:**

<input type="checkbox"/> Owner <input type="checkbox"/> Operator	<input type="checkbox"/> Facility/Site <input type="checkbox"/> Other (below)
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City	Zip + 4 Phone #

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4. <input type="checkbox"/> Directly to ground waters of Washington state: <input type="checkbox"/> dry well <input type="checkbox"/> drainfield <input type="checkbox"/> other	
<b>B. Name(s) of receiving water(s):</b> _____	
Initial discharge is to an unnamed receiving water? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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4. <input type="checkbox"/> Hazardous Waste Treatment, Storage, or Disposal Facility (RCRA Subtitle C)		11. <input type="checkbox"/> Mining
		12. <input type="checkbox"/> Other